

O I P E
U S P T O
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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT

| | |
|------------------------|------------------|
| Application Number | 09/981,317 |
| Filing Date | October 16, 2001 |
| First Named Inventor | Sam Wen |
| Group Art Unit | 2151 |
| Examiner Name | Unassigned |
| Attorney Docket Number | INVE25US |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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SEP 08 2003

I hereby apply to withdraw as attorney or agent for the above identified patent application.

Technology Center 2100

The reasons for this request are:

The company owning the patent application has been sold. The new owner of the company has not responded to numerous requests to engage us and authorize us to represent the new owner or the company before the US Patent & Trademark Office. Therefore, we are without any legal authority to act in this patent application.

- The Correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:
CORRESPONDENCE ADDRESS

 Customer Number


OR

| | | | | | |
|---|--------------------------------|-------|--------------|-----|------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Melita International, Inc. | | | | |
| Address | Attn.: Legal/Patent Department | | | | |
| Address | 5051 Peachtree Corners Circle | | | | |
| City | Norcross | State | GA | ZIP | 30092-2500 |
| Country | US | | | | |
| Telephone | 404-239-4000 | Fax | 770-239-4444 | | |

This request is made on behalf of myself and
 all the attorneys/agents of record,
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

| | | |
|-----------|---------------------------------------|--|
| Name | Charles L. Warner II, Reg. No. 32,320 | |
| Signature | | |
| Date | September 4, 2003 | |

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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